

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000003556

1. Entity Name
COMMUNITY COUNCIL OF SOUTH BROWARD, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 PM 2:46

Principal Place of Business
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009

Mailing Address
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182006 REIN-NP

CR2E099 (11/05)

City & State

City & State

4. FEI Number
65-0612185

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWD, MARTHA
5530 SW 36 STREET
HOLLYWOOD, FL 33023

Name
Kristine Judekris

Street Address (P.O. Box Number is Not Acceptable)

3700 SW 39th St

West Park

City

FL

Zip Code
33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/2/06

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PUGLIESE, DOMENICK A	
STREET ADDRESS	1985 S OCEAN DRET	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DOWD, MARTHA	
STREET ADDRESS	5530 S.W. 36TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIDEMAN, MICHAEL	
STREET ADDRESS	2742 MONTEVIDEO AVE	
CITY-ST-ZIP	COOPER CITY, FL 33023	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOODYEAR, REBECCA	
STREET ADDRESS	35 THOMAS RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WINTER, GREG	
STREET ADDRESS	651 SE 13 ST #206	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin Price	
STREET ADDRESS	4001 SW 25th St	
CITY-ST-ZIP	West Park FL 33023	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Gay F. Outler	
STREET ADDRESS	2700 SW 46th Ave	
CITY-ST-ZIP	West Park, FL 33023	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristine Judekris	
STREET ADDRESS	3700 SW 39th St.	
CITY-ST-ZIP	West Park FL 33023	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Davis	
STREET ADDRESS	4649 SW 31st Dr.	
CITY-ST-ZIP	West Park, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200082392102
12/02/06--01024--002 **\$1.25

12/2/06 754-224-6156